

PASSPORT TO HEALTH PROVIDER NEWSLETTER

Keeping Providers Informed

April - June 2001

Billing and Reimbursement

Montana Health Choices often gets calls from providers questioning the billing/reimbursement process for Medicaid patients. Your source for information regarding this issue is Consultec. The Consultec provider help line number is 1-800-624-3958. For Helena or out-of-state, call 406-442-1837.

If you are not the primary care provider for a PASSPORT patient you **must** have PCP authorization to see that patient for each service. Without this authorization you will not be reimbursed, unless the service does not require PASSPORT authorization.

A source of information to answer your reimbursement questions is the Administrative Rules of Montana (ARM). The ARM rule governing reimbursement (37.85.406) is quite extensive in its explanation and may answer your questions.

The following are some general billing/reimbursement issues to keep in mind:

◆ When can a Medicaid provider bill a patient for a covered service?

A provider may bill a patient for covered but medically unnecessary services, including services for which Medicaid has denied payment for lack of medical necessity if:

- * the provider specifically informed the patient in advance of providing the service that the service is **not** considered medically necessary under Medicaid criteria,
- * that Medicaid will **not** pay for the service, and
- * the patient has agreed to pay privately for the service.

The provider may not bill the patient under this exception when the provider has informed the patient only that Medicaid "may not" pay for the service or where this agreement is contained within a form the provider routinely requires patients to sign.

◆ When can a provider bill a patient for a non-covered service?

If the provider has informed the patient in advance of providing a service that Medicaid will not cover the service and the patient will be required to pay privately for the service and the patient has agreed. Non-covered

services may not be reimbursed if **all** applicable requirements, including medical necessity and PASSPORT PCP authorization, are met.

◆ When can a provider terminate acceptance of Medicaid for a patient?

Acceptance of a patient as a Medicaid patient applies to all services provided by the provider to the patient. A provider may not accept Medicaid payment for some covered services but refuse to accept Medicaid for other covered services. A provider may terminate acceptance of Medicaid for a patient by informing the patient of the termination and the effect of the termination on provision of and payment for any further services. A provider may then, at a later date, again choose to accept the patient as a Medicaid patient. This cannot be done frequently or routinely. Except in the above situations (and for co-pays), federal regulations do not allow for billing a patient who you have accepted as Medicaid. Each Medicaid client has a maximum of \$200.00 co-pay per state fiscal year. The patient's Medicaid card will indicate that the maximum has been met by stating "copay \$" directly under the client's ID number.

If you have further questions regarding billing/reimbursement please call the Consultec provider help line at 1-800-624-3958. For out-of-state or Helena, call 406-442-1837.



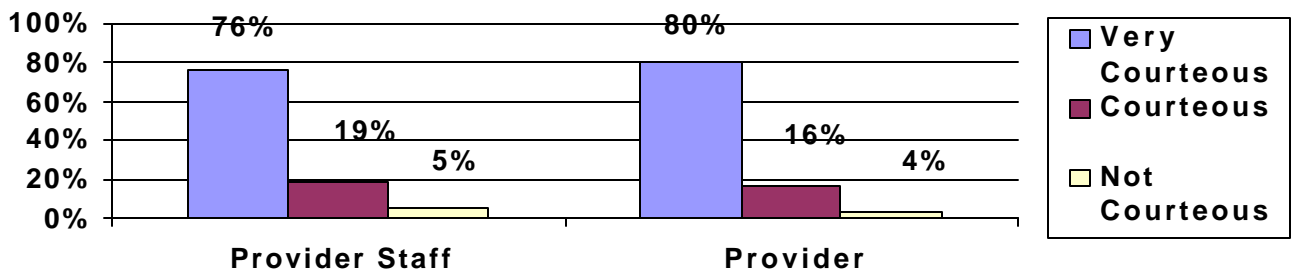
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PASSPORT To Health Client Survey

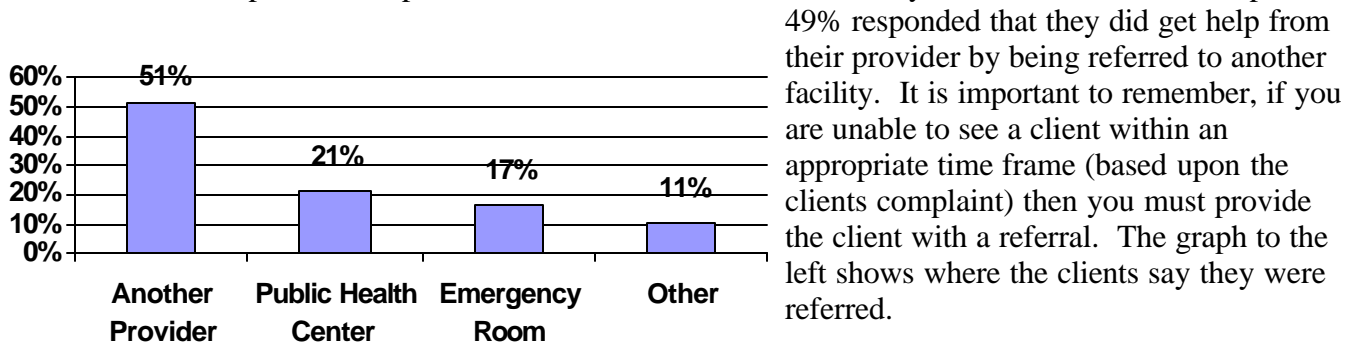
Are you ever curious about how your PASSPORT To Health patients feel about the care they are receiving? Or maybe you wonder if your patients feel they are getting the answers to the questions they ask? In an effort to measure the success of our program Montana Medicaid regularly sends out surveys to a random selection of PASSPORT To Health clients.

The clients are asked a number of specific questions regarding their primary care provider and staff. When asked how courteous their provider and staff are towards them, **clients overwhelmingly give you high marks!** The chart below shows the average over the last 8 surveys.



The survey results also show that you do a great job of answering your patients' questions (98%) and explaining the problems and treatment (96%). When the clients were asked how often they felt like they get good care from their provider 73% responded that they always feel like they get good care, and an additional 19% feel like they 'almost always' get good care.

If a client indicated that they were unable to get an appointment with their primary care provider we asked them if their provider helped them to find another medical facility that would be able to help them.

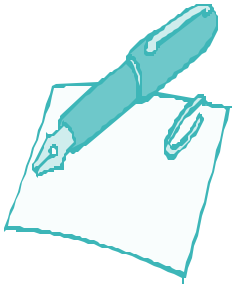


49% responded that they did get help from their provider by being referred to another facility. It is important to remember, if you are unable to see a client within an appropriate time frame (based upon the clients complaint) then you must provide the client with a referral. The graph to the left shows where the clients say they were referred.

In the recent surveys, the number of clients referred to the emergency room has increased, while the number of clients referred to another provider has decreased. It is important to refer patients to an appropriate provider and only refer patients to an emergency room when it is a medical emergency. As you know, this is important in both managing the patient's care and keeping medical costs down.

As you can see, your patients think **you are doing a fantastic job** – and so do we! We appreciate your commitment and dedication to serving the Medicaid population of Montana! If you would like more detailed information regarding the survey, please call the Provider Hotline at 1-800-480-6823 and we will be happy to share any additional information you might be interested in.

PASSPORT To Health Provider Enrollee List



Please review the clients printing on your monthly enrollee list.

Providers, Please remember the Medicaid clients printing on your monthly provider enrollee list are your responsibility.

Your name is printing on their Medicaid card as their PASSPORT provider. You are receiving a monthly \$3.00 case management fee for each person on your list.

This means you have agreed to provide primary health care for these clients, keep a well maintained medical chart for each client, and give them necessary referrals to specialists or other providers when needed.

Please review the clients printing on your monthly enrollee list. If you do not want to be responsible for a client printing on your enrollee list, then you need to disenroll the client. A letter of disenrollment must be sent to the client explaining you no longer will be their PASSPORT provider. You must still provide

coverage for the client for the next 30 days. A copy of the disenrollment letter needs to be sent to Montana Health Choices. Once we receive the notice, we will disenroll the client for the next month of coverage and send the client a letter of notification about the disenrollment. If we are not notified of the disenrollment, by your office or by the client, the client will continue to be enrolled with you, and you will continue to be responsible for their care. Please refer to page 52 of your PASSPORT To Health Provider Guide, Disenrollment of Clients.

PASSPORT Secure Number

In the past, the Medicaid PASSPORT To Health Agreements have had an option for providers to request a secure PASSPORT number. The idea of a secure number was that each month the last two digits of the PASSPORT number would change.

While the idea of a secure PASSPORT number is a good one, keeping track of it, and setting up computer systems to accept a

rotating PASSPORT number was found to be a very complicated process. The Department is still researching options, but for the time being, the secure PASSPORT number has been tabled! For those 31 providers requesting a secure PASSPORT number, please note this option is not available.

If you are interested in changing your PASSPORT number, we can help. Just call Montana Health

Choices at 1-800-480-6823.

We require a written request to change your PASSPORT number. The process to change the PASSPORT number usually takes three to five weeks, depending on when you make the request. Some providers have made it an office practice to change their PASSPORT number every six months to a year.



Public Health Departments

Public Health Departments provide a valuable service for our community. They are part of the network of care that has been established to assure community members have access to healthcare.

Public Health Departments can provide immunizations without PASSPORT referral. However, if a child goes to a Public Health Department for other services, such

as for treatment of head lice, a PASSPORT referral may be required (if the service requires referral authorization in any other setting).

Also, keep in mind when you cannot fit a patient in for an appointment, the Public Health Department is one of your options for referral. If the patient cannot

wait until you have an available appointment time you can refer your patient to another provider, a Public Health Department, or an urgent care center. Remember one of our goals in the PASSPORT To Health program is to decrease the unnecessary use of the Emergency Department so use this referral resource only when necessary.

UPDATE...

Starting March 1, 2001, all **Out-of-State Outpatient Hospital Services** provided to Montana Medicaid recipients require authorization from the Mountain Pacific Quality Health Foundation prior to receiving the service. A facility more than 100 miles outside the border of the State of Montana is considered out-of-state. If it is not prior approved it may not be covered. If the service is available in Montana, it probably will not be covered. Please call the Mountain Pacific Quality Health Foundation at 1-800-262-1545 (Helena: 443-4020) to get authorization for these services.

PASSPORT To Health March 2001

Number of PASSPORT clients.....	45,722
Number of Clients age 21 & older.....	13,787
Number of Clients 20 & younger	31,935
Number of PASSPORT providers	831
Counties Active in PASSPORT	52

Client Complaint Process

Montana Health Choices has a comprehensive policy for client complaints regarding the quality of care they feel they are receiving from their providers. We are happy to say we receive very few of these complaints!

Quality of care complaints may fall in any one of the following categories:

- * Provider or provider staff is rude.
- * Had to wait too long for an appointment.
- * Provider did not explain things clearly.
- * Not getting good care.

If a client calls to change their provider for one of the reasons above the Montana Health Choices call center counselors initiates a series of questions to try to determine if there is a more accurate reason for the change. For example,

the reason they feel the provider was rude is in reality a personality conflict between the client and the provider. Or, the client did not have to wait too long for an appointment; the appointment was just at an inconvenient time for them. Once we have determined the client really does want to file a complaint the complaint goes to our Quality Assurance Nurse.

Our Quality Assurance Nurse discusses the issue with the client. Since the nurse has a medical background, she may be able to determine immediately whether the complaint is a valid quality of care issue. If, however, there is not an immediate determination, then the nurse investigates the complaint further. The investigation may include: speaking to the provider or office staff, requesting the client's records for review, or claims review.

A complaint can be resolved in a number of ways. The most common resolution is that the claim is unsupported.

When the complaint is resolved a letter is sent to the client and the provider advising them of the outcome. The client letter also gives the client the process for appealing the decision.



Working together to resolve complaints.

Montana Health Choices /MAXIMUS contracts with the Department of Public Health & Human Services to provide you with a HelpLine to answer all your questions. Call **1-800-480-6823**